

505.20 EWP Recovery Measure Forms

Drawing Account Request

**REQUEST FOR ESTABLISHMENT OF AN
EWP DRAWING ACCOUNT**

Project Number Assigned: _____

State:	Date of Request:	Date of Event:
Contact E-mail:	Contact FAX #:	
Name of Event:	Type of Event:	
Location (County, Parish, Other) of Impairment:		Cong Dist:
Description of Damages:		Est. of Damages: \$
Number of Sites Investigated:	Number of DSR's Prepared:	
Type of Work Planned & No. of Each Type:		
Number of Sites to be Repaired <u>1</u> /:	Total Construction Cost for all Sites: \$	
Total Financial Assistance Needed: \$	Total Technical Assistance Needed: \$	
Number of Persons Impacted:	Number of Buildings Impacted:	
Number of Utilities Needing Protection:	Number of Roads Needing Protection:	
REMARKS:		
I certify that the above information is correct, represents all eligible needs, and certifies the sponsors' willingness to contribute the required costs share. I request \$ _____ FA and \$ _____ TA to cover the cost for emergency work.		
_____ State Conservationist		_____ Date

1/ Attach the Summary Page of Each DSR